Labor Organization Office and Employee Report

U.S. Departmen

Employment Standards Aoministration





Office of Labor-Management Standards This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439,440.

Form approved - OMB No. 1215-0188 Expires 07-31-2004

Name and address of person filing	Name and address of labor organization			
Ron Alman , Vice President 487 Massapoag Avenue Sharon, MA 02067				
Position in labor organization	4. Date fiscal year	ended	5. File number (if ass	igned)
	12/31/2000			1-1961
Enter appropriate data below if, during the pa terests (except as specified in the exclusions	ast fiscal year, you or you set forth in the instruct	ur spouse or minor child (directly or indirectly had	any of the following in-
Held an interest in, engaged in transaction employer whose employees your organizers.	ons (including loans) with	, or derived income or oth	ner economic benefit of r	monetary value from an
6. Name of Employer UNITE	Address of Employer 275 Seventh Avenue, 11th Floor New York, NY 10001			
7. Nature of Interest, Transaction or Income				
Member of the Board of Director				
B. Held an interest in or derived income or eco- from, selling or leasing to, or otherwise deal seeking to represent, or (2) any part of which organization or with a trust in which your laborate.	ling with the business of a h consists of buying from o	n employer whose employer or selling or leasing directly	es your labor organization	represents or is actively
Name of business		Address of business		
Amalgamated Bank Of New York		1	5 Union Square	
9. Business deals with—		10. If 9B or 9C is checked	ew York, NY 10003	name
☐ A. Labor Organization ☐ B. Trust	☐ C. Employer	To. 11 30 G GO IS CHECKEN	o give treat or employer an	
Nature and approximate dollar value of such of su				
50 Class A/Voting Shares and 50 12. Nature of interest held or income received	O Aremco/Preffered	B Shares valued at \$	255.00 per share	
\$1,165.43				
C. Received from any employer (other than a any payment of money or other thing of value	an employer covered unde	er parts A and B above) or	from any labor relations c	onsultant to an employer
Name and address of employer	or consultant	14. Nature of payment		
None .		None		S POR PROCESSION OF THE PROCES
IF MOI	RE SPACE IS NEEDED /	ATTACH ADDITIONAL S	HEETS	and the same
 Signature and verification—The undersign the attachments incorporated therein or refe correct and complete. 	ed declares, under the ap erred to in this report, has	plicable penalties of the law been examined by him an	w, that all of the information d is, to the best of his kn	on in this report, including owledge and belief, true,
igned: Renall M alman	1			
signed: Perhal III uuman	at New York,	NY	Cinta	on 10/22/03
	uly		State	Date